



City of Brownsville Application for Employment

Void After 90 Days

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

PLEASE PRINT

Last Name:	First Name:	Middle Name:
Address:	City/State/Zip:	Date of Birth:
Telephone Number:	Driver's License Number:	Social Security Number:
Date of Application:	Position Desired:	Department:

Are you applying for: _____ Full Time _____ Part Time _____ Temporary

If part time, what days/hours are you available? _____

Have you ever been employed by the City? _____ Yes _____ No

If yes, please indicate position, department, and dates of employment:

Based on the JOB DESCRIPTION of the position for which you are applying:

Are you able to perform the essential functions of the job for which you are applying?

(Note: You may later be asked to demonstrate your ability to perform the essential functions)

_____ Yes _____ No

Do you have a legal right to work in the United States? _____ Yes _____ No

Have you ever been convicted of a felony?

(Note: This may be relevant if job-related, but does not bar you from employment)

_____ Yes _____ No

If YES, please explain: _____

EDUCATION & TRAINING

High School Attended: _____

City

State

Zip Code

Please check certificate of completion: _____ High School Diploma _____ GED

Major Course of Study: _____

College/University Trade/Business School	City/State Zip Code	Degree Earned	Major Course of Study

Other Training Received: (Special courses, work training programs, Armed Forces training, etc.)

Special Qualifications and Skills: (Licenses, skills with machines, publications, etc.)

State any additional information you feel may be helpful to us in considering your application:

REFERENCES

Please list three (3) persons, other than relatives or former employers, who have knowledge of your character and abilities:

Name	Mailing Address	Phone Number	Years Known

May we contact your current employer? _____ Yes _____ No

WORK EXPERIENCE

List below all present and past employment information and/or substantive volunteer work beginning with the most recent position and ending with you first, if appropriate. Take time to fill in these blocks carefully. Your qualifications depend in a large part on your employment history. Indicate if you are now unemployed or if you have never been employed.

_____ Currently Unemployed

_____ Never been employed

Employer:	Title of Position:
	From: To:
Address:	Supervisor:
City/State/Zip Code:	Phone Number:
Duties and Responsibilities:	Salary History:
	Starting Ending
Reasons for Leaving:	\$ _____ \$ _____

Employer:	Title of Position:
	From: To:
Address:	Supervisor:
City/State/Zip Code:	Phone Number:
Duties and Responsibilities:	Salary History:
	Starting Ending
Reasons for Leaving:	\$ _____ \$ _____

*****IMPORTANT*****

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me and my application from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I accept full responsibility for notifying the City of Brownsville, TN of any change in information in my application including, but not limited to, telephone number where I may be contacted.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any information orally and/or in writing that may be requested to arrive at an employment decision and waive any right of privilege, privacy, and/or confidentiality I may have in this information.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with the City of Brownsville, TN or related agencies is completely of "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood this "at will" employment relationship may be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized official of the City of Brownsville, TN.

I understand, also, that I am required to abide by all rules and regulations given by my employer.

Applicant's Signature

Date

NOTIFY IN CASE OF EMERGENCY

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS PHONE: _____

PERSONNEL INFORMATION FORM

The information requested on this form will not affect you as an applicant for a position. This information is collected for compliance with government record keeping and reporting requirements. The information will be maintained in a confidential file separate from the employment application and will not be given to anyone who makes hiring decisions. We would appreciate your cooperation and assistance in our efforts to ensure equal employment opportunity. Submission of this information is voluntary.

POSITION APPLIED FOR: _____ DATE: _____

AGE: _____

CHECK ONE:

SEX:	_____ Male	_____ Female
MARITAL STATUS:	_____ Single	_____ Married
	_____ Divorced	_____ Separated
RACE/ETHNIC GROUP:	_____ White	_____ Black/African American
	_____ Hispanic	_____ American Indian
	_____ Asian	_____ Alaskan Native
	_____ Other	
DISABILITY:	_____ Yes	_____ No
VIETNAM ERA VETERAN:	_____ Yes	_____ No
DISABLED VETERAN:	_____ Yes	_____ No